

Country card Niger (SAHA Programme)

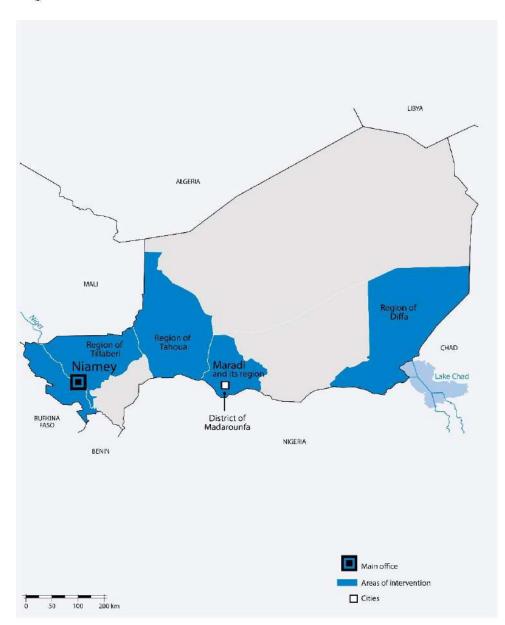




HI's team and where we work

HI's programme team in Niger has 103 staff members.

Niger





General country data

a. General data

Country	Niger	Burkina Faso	France
Population	24,206,636	20,321,378	67,391,582
IDHI	0.39	0.452	0.809
Gender development index	0.724	0.87	0.98
Maternal mortality	509	320	10
GINI Index	34.3	35.3	31.6
Population within the UNHCR mandate	175,418	25,122	368,352
INFORM Index	7.3	6.4	2.2
Fragile States Index	95.3	85.9	30.5
Public Social Protection	2.9	2.7	31.7
Official development assistance received	1,495.5	1,219.8	0

b. Humanitarian law instruments ratified by the country

Humanitarian law instruments	Status
Mine Ban Treaty	Ratification/Accession: 23/03/1999
Convention on Cluster Munitions	Ratification/Accession: 02/06/2009
Convention on the Rights of Persons with Disabilities	Ratification/Accession: 24/06/2008



A. Geopolitical analysis

Niger is located in the southern Sahara, at the heart of Africa. It covers an area of 1,267,000 sq.km, of which two-thirds is desert. Niger shares borders with Algeria and Libya to the north, Chad to the east, Nigeria and Benin to the south, and Burkina Faso and Mali to the west. Its capital is Niamey.

Niger is a landlocked country and enjoys good relations with its neighbours on which its economy and security depend. The country is a member of many regional organisations (the African Union, the Economic Community of West African States - ECOWAS, the G5 Sahel, the Community of Sahel and Sahara States - CEN-SAD, etc.); it is also a member of the Organization for Islamic Cooperation and the International Organization of the Francophonie.

Niger has helped resolve multiple crises in the region and beyond; it sent troops to Côte d'Ivoire under UN mandate from 2004 to 2015, then to the Central African Republic and Haiti. It is currently deploying some 900 soldiers in Mali as part of the UN mission. It is also a member of the Monitoring Committee for the Algiers Peace Agreement. Niger chaired ECOWAS for one year in 2020. The country has suffered repeated terrorist attacks since 2011 and has taken in a large number of refugees.

The Boko Haram armed group, which has carried out repeated deadly attacks in Niger, has caused population displacement inside Nigeria and Nigerian refugees have crossed the country's borders, particularly in the Diffa region. These security challenges have made Niger a driving force behind regional solutions since 2014. It cofounded the Multinational Joint Task Force with Chad, Nigeria and Cameroon to combat Boko Haram. It also launched the G5 Sahel with Chad, Mauritania, Mali and Burkina Faso. Despite the establishment of the G5 Sahel joint cross-border force, the security situation has steadily deteriorated. Over the last three years, the west of Niger, on the border with Burkina Faso and Mali, has experienced an upsurge in terrorist attacks.

Relatively stable with vast land borders and links to North Africa, Niger has attracted a large number of refugees and asylum seekers and migrants of various nationalities. As well as hosting large numbers of refugees, the country has also become a transit point for migrants from western and central Africa and an increasingly important gateway for migrants crossing North Africa to the Mediterranean and Europe.



Disabilities: popular perceptions and representations of disability in Niger generally assimilate it with incapacity on the one hand and impairment on the other. Negative perceptions and attitudes perpetuated by the families of people with disabilities and the community at large remain the greatest obstacle to the successful integration of people with disabilities into society. Many families use children with disabilities to generate income through begging, depriving them of their right to education and training. Another phenomenon is the use of children with disabilities and the children of poor families as guides, locking families into an endless cycle of poverty.

In practice, although the phenomenon is less common in urban areas, people with disabilities are regularly stigmatised and rejected in Niger. This is particularly true of people with severe disabilities, who are mostly hidden by families ashamed of their condition.



Summary of HI's work in the country

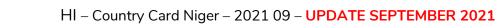
In May 2006, HI opened an office in Niamey after conducting an exploratory mission and implementing two projects: one pilot project on education and one disability and citizenship project. After registering as an organisation in 2007, it signed a framework agreement with the Niger government. HI subsequently implemented two regional projects in Niger. The first, launched in 2008, was the DECISIPH (Rights, Equality, Citizenship, Solidarity and Inclusion of People with Disabilities) project; the second was the APPEHL (Promoting the Full Participation of Children with Disabilities through Education) project launched in 2012. DECISIPH was extended to become an inclusive local development and capacity-building/follow-up project led by FNPH in 2013.

HI expanded the scope of its work in 2012 with the launch of the RICA (Food Security and Resilience) and RC/VA (Armed Violence Reduction) projects in Agadez, and the launch of ESSPOIR (Prevention and Reduction of the Risks of Complications and Disabling Sequelae in Malnourished Children or Children with Developmental Delays Under the Age of 5) in 2015.

In 2016, the SUDA (Strengthen, Use, Develop and Augment) project updated the training programme for physiotherapists in Niger and provided training equipment and aids to the Niger Physiotherapy Organisation.

In 2017, after conducting a study to evaluate the effectiveness of the computer modelling and 3D printing of prostheses, HI fitted the first patients as part of its regional IMPACT 3D project.

HI is currently providing support to vulnerable people in Niger: people with disabilities affected by humanitarian response in Diffa, Maradi, by leading action on inclusion centrally through clusters and working groups; urban refugees and asylum seekers in the city of





Niamey since 2015 (Urban Refugees and Asylum Seekers Project); and people living near weapons stockpiles.

In 2021, HI launched two projects to help protect people living in conflict-affected areas. HI's education project helps children with disabilities access and stay in primary education. HI has partnered with the Niger Federation for People with Disabilities to implement a project on the social and legal inclusion of women and children with disabilities in Niger. At the end of 2019, HI launched a project to strengthen the resilience and social cohesion of vulnerable people in cross-border regions (RECOSA).



Current projects

Sectors where HI implements projects, focusing on beneficiaries and partners

Project title main sectors	Project goals in the sector	Main activities	Beneficiaries	Beneficiaries at the end of the project	Partners	Location	Project start and end dates and donors
Inclusive	Provide all children	 Build capacities (teachers, 	• 5,042 children with		 Ministry of Education, 	Niamey	09.2017 –
education	with an equitable,	educational advisers, school	disabilities		Public Health and	Maradi	12.2022
	inclusive and	committees, parents-teacher	 656 teachers 		Population	Tahoua	
	quality education	associations, organisations of	 635 community 		 Niger Federation of 		UNICEF
		persons with disabilities)	actors		People with		NORAD
		 Identify/care-manage and 	 8 schools 		Disabilities		MAE-LUX
		follow-up children with			 Decentralized School 		
		disabilities			Management		
		 Raise community awareness 			Committees		
		of inclusive education			 National Organisation 		
		 Carry out building works to 			for the Parents of		
		improve accessibility			Children and Students		
		 Assist families 					
Inclusive	Promote the	• Train trainers for the inclusion	• 4,400 community	5,240 people	Niger Federation of	Diffa	01.2021 –
Humanitarian	inclusion of people	technical team	members,		People with	Maradi	05.2023
Action	with disabilities in	 Provide organisational 	including 625		Disabilities	Niamey	
	humanitarian	assistance to disabled	people with		• NGO		UNHCR
	response and	people's organisations	disabilities		 Local authorities 		GFFO



development • Train humanitarian acto	ors. • 161 elected	
		MAE-LUX
initiatives local authorities and tec	chnical officials and	
services	technical service	
Improve access to • Collect data and perfor	m managers	
humanitarian aid advocacy	 37 humanitarian 	
for victims, people • Raise community awar	eness actors (15 in	
with disabilities of social inclusion	Niamey and 22 in	
and other • Assess infrastructure	Diffa)	
vulnerable people accessibility	• 1,000 people	
 Assess district institution 	onal (young women and	
capacities	older people)	
 Facilitate access to civil 	-status	
documents		
 Set up community follo 	w-up	
committees		
 Help implement communication 	unity	
projects		
 Carry out studies on ob 	stacles	
to humanitarian aid for	people	
with disabilities		
 Raise awareness and b 	uild	
capacities		
 Build the capacities of 		
humanitarian actors		
 Identify and strengthen 		
organisations of people	with	
disabilities, young peop	le,	
women and older peop	e	



		 Identify, refer, guide and supply 					
		technical aids and psychosocial					
		support					
		 Implement community inclusion 					
		and awareness-raising					
		mechanisms to promote					
		respect for diversity, social					
		cohesion and inclusion					
Management of	Protect and assist	 Create a desk for reception, 	 Malian refugees 		 United Nations High 	Niamey	01-12.2021
refugee camps	urban refugees and	information and guidance	living in Niamey,		Commissioner for		
and population	asylum seekers in	services	including children		Refugees		UNHCR
return	Niamey	 Provide personalised social 	and women victims		 Local authorities 		
		assistance to the most	of violence		 Partners in the fields 		
Projet Guichet		vulnerable refugees	 Services of the city 		of health, education		
Unique		 Raise awareness of social 	of Niamey		and social affairs		
		services					
		 Implement a system of 					
		registration, accommodation,					
		livelihood support and					
		assistance for asylum seekers					
		 Prevent and identify sexual 					
		and sexist violence. Holistically					
		manage proven cases:					
		medical, psychosocial, legal					
		and socio-economic					
		• Implement a community-					
		based mechanism to identify					
		children at risk				5.00	
Inclusive	Help remove	• Develop strategic frameworks	 Civilian population 	20,000 people	National Commission	Diffa	06.2021 -
Humanitarian	obstacles to access	and risk education tools		benefiting from	for the Collection and	Bosso	05.2023

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Action & Armed	and protection for	 Implement risk education 	 National 	risk education	Control of Illegal	Toumour	
Violence Reduction Explosives and munitions risk education	vulnerable communities by providing a response that takes into account the conflict and situation.	 sessions Train community leaders, teachers and administrative managers in risk education Build the capacities of the National Commission for the Collection and Control of Illegal Weapons to develop a risk education and information management strategy Provide risk education to humanitarian workers (drivers and field staff members) 	Commission for the Collection and Control of Illegal Weapons • Niger Federation of People with Disabilities	activities	Weapons	Kabléwa Mainé soroa Tillabéri Torodi Gothèye Ourodjaladjo Say Makalondi	GFFO
Physical and functional rehabilitation & Early childhood development (Stimulation, developmental physiotherapy) Passeport pour Grandir	Prevent and limit the complications and disabling sequelae of malnutrition in children under 5 suffering from severe acute malnutrition.	 Construct and equip spaces with stimulation equipment Train physiotherapists Train trainers in stimulation Train social and health workers Manage stimulation exercises for children under 5 	and/or developmentally delayed children • Parents/extended	 3,052 children 6,104 mothers/fathers/ guardians 12,208 people from extended families 25 social and health workers 107 local actors and community leaders 16 local, regional and national actors 	 Ministry of Public Health (Department of Nutrition) Ministry for the Advancement of Women, and Child Protection Association of Physiotherapists MSF Regional Public Health Department Regional Department for Population, the Advancement of Women, and Child Protection. 	Maradi Municipalities of Madarounfa, Safo, Dan Issa, Gabi, Djiratawa and Sarkin Yamma	06.2019 – 11.2021 DGD

			 Local, regional and national authorities 				
Economic	Build the resilience	 Carry out participatory 	 Very poor 	• 4,000	 Regional Department 	Tillabéri	12.2019 –
inclusion & social	and social cohesion	community vulnerability and	households	households	for Agriculture and		12.2023
cohesion	of vulnerable	capacity studies and support	 Public technical 	benefiting from	Livestock		
	people in cross-	the implementation of	services	cash transfers	 Local authorities of 		European Union
RECOSA	border regions.	community projects		• 5,830 people	Anzourou, Dargol,		
		 Implement community 		involved in	Diagougou, Sakoira		
		projects		savings and loan	 Regional Department 		
		 Cash transfers 		activities	for Humanitarian		
		 Transfer productive assets 		• 400 very poor	Affairs		
		(income generating activities,		households			
		livestock, agricultural inputs)		benefiting from			
		 Set up village savings and 		cash for work			
		loan organisations		 50 trained and 			
				equipped			
				livestock			
				auxiliaries			
				• 50 people			
				supported to			
				enter the			
				livestock-meat			
				chain			
Protection and	Improve the	• Train local actors in inclusion,	People from	People from	 Niger Federation of 	Tillabéri region	11.2021 –
basic needs	protection of	protection, mental health,	affected areas,	affected areas,	People with		10.2023
	vulnerable people	stress management and	community leaders,	community	Disabilities		
PAPYRUS	affected by on-	psychological first aid	authorities locales.	leaders,	• NGO		DGD
	going, imminent or	• Raise awareness of mental		authorities	 Local authorities 		
	future humanitarian	health, stress management		locales.			
	crises.	and adaptation strategies					



Basic needs & Physical and functional rehabilitation (stimulation physiotherapist) Provide emergency response to the needs of vulnerable people in the Maradi region	Provide shelters and kits of non- food items to people affected by the armed conflict and/or natural disasters Manage stimulation physiotherapy for children at risk from malnutrition	 Distribute items to meet essential needs Distribute shelters Distribute adapted kits Implement a Listening and Playing safe space for adults and children in psychological distress Identify priority areas and target beneficiaries as part of a participatory approach Inform and guide beneficiaries to adequate services Identify, train and support 10 shelter focal points Supply affected households with kits of non-food items and/or shelters for their protection Organise awareness-raising sessions for mothers in conjunction with social and health workers Supervise community focal points and social and health workers in conjunction with 	 Refugees and internally displaced people People in affected areas Severely and moderately malnourished children under 5 Children at risk and/or developmentally delayed children Parents/extended family members of malnourished children Social and health 	 300 children with severe malnutrition benefiting from an at-home visit 4,000 children benefiting from early stimulation 5,000 people provided with information 1,000 households affected by a conflict or natural disaster benefiting from a kit of non-food 	Regional Public Health Department	Maradi	12.2021 – 2022 OCHA
		workers in conjunction with health district management teams	 Social and health workers 	kit of non-food items • 1,000 households affected by a			



 Identify, refer, evaluate and 	conflict or natural	
care-manage malnourished	disaster	
children	benefiting from	
 Organise in conjunction with 	emergency	
project officers discussion	shelter assistance	
groups and one-to-one		
counselling with mothers		
referred by community focal		
points and social and health		
workers		
 Organise in conjunction with 		
community focal points at-		
home visits for the post-care		
follow-up of stabilised		
severely malnourished		
children		



Donors

